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Editorial

Ethics in Haematology

Senani Williams¹

Key words: ethics, Hippocratic oath, haemopoietic stem cell transplantation, autonomy, beneficence, non maleficence, justice

Medicine is an art that has been practiced for 2,400 years. Its foundations are based on a trusted relationship, between a physician and a patient¹.

Haematology is not confined to being a clinician, but has a larger role in laboratory diagnostics and treatment outcomes. The knowledge and accuracy of the morphological skills will have direct bearing on the reports which may sometimes be a matter of life and death to the patient.

Western medicine has been guided by the Hippocratic oath. Americans, Beauchamp and Childress developed four principles of ethics for ease of practice². They are – autonomy, beneficence, non-maleficence and justice.

Autonomy is from the Greek words “autos” = self and “nomos”= rule; that is the ability of a patient to choose for him or herself a type or modality of therapy³. This principle is of paramount importance in the practice of haematology when several modalities of therapy are available. We as clinicians cannot make autocratic decisions but have to realize that the patient too has his or her rights, and a right of choice when choosing their mode of therapy.

Beneficence is a concept in ethics in which the best interest of the patient is foremost to the clinician. In haematology for instance some children may be “saviour siblings” for an affected child who needs transplantation⁴. Consenting a saviour sibling may appear to be in conflict with this principle and therefore needs much deli-

beration especially as the child is not in a position to give consent by him or herself.

Non maleficence in simpler words is “first do no harm”! In the world of haematology, our laboratory reports, if erroneous, have the potential to cause grave harm. Thus, quality assurance in haematology laboratory procedures cannot be compromised. Accuracy of results is absolutely essential. The focus on precision and reproducibility of reports cannot be over emphasized. Pre pre analytical errors, pre analytical errors, analytical errors and post analytical errors should be minimized to provide the most accurate and timely report to the patient. Of concern often is also the confidentiality of reports. Some tests may involve genetic analysis which may carry prognostic and sensitive information which can only be divulged to the patient.

Justice, is to be fair in all medical decisions that pertain to patients. The onus of ensuring equity of care falls on every doctor. The doctor is called upon to make difficult decisions when there are meagre resources. In resource poor countries, where there is limited supply of expensive and essential drugs, e.g., monoclonal antibodies, ethical dilemmas arise.

Finally, it is an important and humbling experience to understand that our knowledge, and powers of medicine has limitations. When faced with patients with terminally ill diseases, we need to respect the dignity and wishes of the patient and ensure the best outcome for the patient where often, we may be able to only offer silence and comfort.

To go by the adage “*To cure sometimes, to relieve often, to comfort always*”.

By Edward Livingston Trudeau, a 19th century physician.

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